

We Must Act Now:

Building Trust and Increasing Minority Participation in COVID-19 Clinical Trials

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Scientists and clinicians across the world are racing against time to find effective treatments and a vaccine to combat COVID-19. Not only has COVID-19 magnified current racial and socioeconomic health disparities, but the race to find an effective treatment has once again reminded us of the numerous historical abuses that were performed against people of color. The Tuskegee Syphilis Study, Henrietta Lacks, and gynecological experimentation conducted on enslaved women are among a few of the many past racist acts that were conducted in the name of medicine and science. These studies continue to have longstanding impacts on African Americans' trust and participation in clinical research and medicine.

African Americans, Latinxs, and other racial and ethnic minorities have been the most affected by the novel coronavirus. African Americans account for 13% of the U.S. population, yet they account for approximately 22% of the coronavirus deaths for which racial or ethnic information was available as of August 12, 2020, according to The COVID Tracking Project.¹ Research supports the fact that COVID-19 disparities, like the majority of other health disparities that exist, are not a result of genetic differences, but occur secondary to social determinates of health inequities which are largely a result of systemic racism directed towards racial and ethnic minority populations.²⁻⁴

Despite a compelling need for effective therapeutics geared towards fighting COVID-19 disparities, African Americans have been underrepresented in many COVID-19 clinical trials.⁵ Remdesivir, a broad-spectrum antiviral, was approved in May 2020 by the U.S. Food and Drug Administration under Emergency Use Authorization. Preliminary data from two studies showed that it was effective in reducing the recovery time for patients infected with COVID-19 by 31 percent in comparison to the placebo group.^{6,7} African Americans accounted for about 20% of the Adaptive COVID-19 Treatment Trial (ACTT-1) funded by the National Institute of Allergy and Infectious Diseases (NIAID) and 11% of the 397 patients randomly assigned to Remdesivir in the Gilead-funded study.⁸ Some subgroups of patients may respond differently to medical therapies. Thus, more research is needed to fully evaluate Remdesivir's safety and effectiveness among African Americans and other minority groups that were unrepresented in these studies. COVID-19 vaccines and therapeutics developed without adequate minority inclusion have the potential to delay treatment development, impact generalization of study results, and exacerbate disparities.

As scientists race to find effective strategies to treat COVID-19, we must simultaneously work to increase minority participation in clinical trials and acceptance of medical therapeutics. Mistrust, lack of comfort with the clinical trial process, lack of information about clinical trials, poor communication, time and resource constraints associated with participation, and lack of awareness about the existence and importance of clinical trials are critical barriers that limit minority participation.⁹⁻¹¹ In order to overcome these barriers, scientists must invest time, money, resources to build long-term, genuine, and mutually beneficial partnerships with minority

communities. Community advisory boards, minority representation on research teams, culturally and linguistically appropriate study materials, research navigators, and comprehensive recruitment and retention strategies have been shown to be effective strategies for building trust and increasing minority participation in clinical trials.^{12–15} Hopefully, similar strategies can be effective in increasing minority participation in COVID-19 clinical trials and acceptance of treatments and vaccines once they are developed and determined to be safe. Continued exclusion of minorities in clinical research has the potential to worsen disparities in the communities that need them the most. We must act now and invest the time, money, resources necessary to increase minority participation in clinical research.

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